DEPARTMENT OF HEALTH SERVICES

714/744 P STREET BOX 942732 (AMENTO, CA 94234-7320



TO: All County Welfare Directors

All County Administrative Officers

Jauary 9, 1990 Letter No.: 90-05

SUBJECT: SSI/SSP RECIPIENTS DISCONTINUED EFFECTIVE

JANUARY 1990 (LYNCH v. RANK) - - 503 LEADS

REFERENCE: Section 3--503 Leads, pages 3-1 through 3-3 of the Pickle

Handbook

The above referenced section of the Pickle Handbook describes procedures counties are to follow upon receipt of the 503 Leads computer listing. A sample copy is enclosed. This listing which contains the names and addresses of Medi-Cal beneficiaries who will be discontinued from SSI/SSP in January 1990 (due to the Title II, Social Security cost of living increase) will be mailed to the Pickle Coordinator the first week in January 1990. Counties will receive monthly updated listings during the months of February through May 1990. Additional names will not be added to the listings however, the names of those individuals who have been reinstated on SSI/SSP, had their Pickle status updated, or have been determined eligible for Medi-Cal as a Pickle eligible will be deleted. Once all of the names have been deleted your county will no longer receive a listing.

At the same time the listing is provided to you, notices are sent by the Department of Health Services (DHS) to the affected beneficiaries. Another notice will be sent to these individuals to advise them of their discontinuance effective April 30th unless the County Welfare Department has not taken action to reestablish their ongoing Medi-Cal eligibility by notifying DHS via Medi-Cal Eligibility Data System (MEDS). A sample copy of the two notices are enclosed.

Pursuant to the Lynch v. Rank court order, counties must ensure that the eligibility determination on these 503 Leads individuals is completed prior to discontinuance. If a delay has prevented counties from contacting or completing a determination on the remaining individuals by the April month of eligibility (MOE), Medi-Cal cards must continue to be issued through the appropriate county until a determination has been completed. Please refer to Section 3--503 Leads, pages 3-1 through 3-3 of your Pickle Handbook for extending Medi-Cal eligibility for the May MOE and ongoing until a determination is completed.

All County Welfare Directors All County Administrative Officers Page 2

NOTE: If a redetermination has not been completed by the end of April 1989, counties must submit the appropriate MEDS transaction to establish continuing Pickle eligibility for May and ongoing until a redetermination is completed. If Medi-Cal eligibility is established as a Pickle aid type, CWDs will submit updates to the Medi-Cal Eligibility Data System (MEDS), to establish ongoing eligibility. Since these records have a future term date, an EW20 transaction must be submitted as an Inter Program Transfer (IPT). The Pickle status code will automatically be updated by these transactions.

However, if a beneficiary is determined to be currently ineligible for Medi-Cal benefits as a Pickle aid type, CWDs are required to submit an EW60 transaction, (Modify Pickle Status Information), to MEDS, to update the Pickle status to show the beneficiary is potentially Pickle eligible (Tickler file).

Please direct any policy questions to RaNae M. Dunne at (916) 324-4955/ATSS 8-454-4955. MEDS questions should be directed to your State MEDS liaison.

Sincerely,

ORIGINAL SIGNED BY

Ricardo Bustamante for Frank S. Martucci, Chief Medi-Cal Eligibility Branch

Enclosures

cc: Medi-Cal Liaisons

Medi-Cal Program Consultants

Expiration Date: December 31, 1990

PAGE.	TEK T	SUT SHG	US HG	US HG	JS IG
PA(WORKER A1	ELIG-STATUS 001 LAST-PICKLE-CHG 12-11-87	X ELIG-STATUS 001 LAST PICKLE-CHG 12-10-86	ELIG-STATUS 003 LAST-PICKLE-CHG	ELIG-STATUS 596 LAST-PICKLE-CHG
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	TITLE	MEDS-ID 999-99-9999 PICKLE-TICKLER CO	MEDS-ID 999-99-9999 PICKLE-TICKLER	MEDS-ID 999-99-9999 PICKLE-TICKLER C0	MEDS-ID 999-99-9999 PICKLE-TICKLER
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STATE OF CALIFORNIA MEDI-CAL ELIGIBILITY DATA SYSTEM	REPORT NO. MR-MED820-RO03	CASE-NAME DOE DOE ANY PLACE ANY STREET ANY TOWN, CALIFORN	CASE-NAME SHITH SMITH 744 P STREET SACRAMENTO	CASE-NAME NEUMAN NEUMAN 714 P STREET SACRAMENTO	SE-NAM ND ND APST

SAMPLE

State of California--Health and Welfare Agency Department of Health Services Medical Assistance

NOTICE TYPE 51 NOTICE PREPARATION DATE:

MEDI-CAL NOTICE

DISCONTINUANCE OF SSI/SSP MEDI-CAL-EXTENDED MEDI-CAL ELIGIBILITY (503 Leads--Pickle)

PN00001

LAST FIRST MI
FIRST MI LAST
FIRST ADDRESS LINE
SECOND ADDRESS LINE
THIRD ADDRESS LINE ZIP CODE

TO: Medi-Cal Beneficiaries Discontinued From SSI/SSP on January 1, 19XX

RE: CONTINUED MEDI-CAL BENEFITS

You were recently told by the Social Security Administration (SSA) that your Supplemental Security Income/State Supplementary Payment (SSI/SSP) benefits have stopped. That notice also instructed you to contact your county welfare department within 30 days if you wanted your Medi-Cal benefits to continue. You should ignore the information contained in that notice that related to your Medi-Cal benefits.

The reason your SSI/SSP checks were stopped is that you received an increase in your Social Security benefits. Although this increase makes you ineligible for your SSI/SSP check, you will continue to receive Medi-Cal benefits until your county welfare department notifies you otherwise.

The purpose of this notice is to let you know that under a federal law called the Pickle amendment, Medi-Cal eligibility continues without a share of cost for certain individuals whose SSI/SSP benefits were stopped.

If you do not hear from your county welfare department by March 15 or if you have any questions about your Medi-Cal benefits, you should contact the county welfare department for the county in which you live. To help you, we have listed below the address and telephone number of the county welfare department in your area.

If you have already been in contact with the county welfare department and you know that your application for Medi-Cal has been processed, or is being processed, follow the instructions that the county provided at the time of your interview. There is no need for you to contact them again, unless requested to do so by the county, or if you are in doubt as to your Medi-Cal status.

If your SSI/SSP benefits have been reinstated since January 1, 19XX, please ignore this notice.

Contact: (appropriate county welfare office, address, and telephone number)

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814

(Second Notice)



SAMPLE

TO: Medi-Cal Beneficiaries Discontinued

From SSI/SSP on January 1, 19

RE: CONTINUED MEDI-CAL BENEFITS

You were notified by the Social Security Administration (SSA) that your SSI/SSP was discontinued as of January 1, 19xx. That notice also instructed you to contact your county welfare department within 30 days if you wanted your Medi-Cal benefits to continue.

The reason your SSI/SSP checks were discontinued is that you received an increase in your Social Security benefits. Although this increase made you ineligible for your SSI/SSP check, you were notified that you would continue to receive Medi-Cal until the county welfare department notified you otherwise.

That additional period of eligibility for Medi-Cal will be over as of April 30, 19xx. Because your county welfare office has not notified us that your Medi-Cal eligibility has been reestablished, you will be discontinued effective April 30, 19xx. If you have contacted your county welfare office and applied for ongoing benefits, please contact your county worker to find out your Medi-Cal status.

If your SSI/SSP benefits have been reinstated since January 1, 19xx, please disregard this notice.